

BUREAU OF OCCUPATIONAL LICENSES
1109 Main St., Suite 220
Boise, Idaho 83702-5642
(208) 334-3233

BUREAU USE ONLY

Receipt # _____

Rec'd By _____

Date Chg'd _____

LICENSE NAME AND/OR ADDRESS CHANGE AFFIDAVIT

INSTRUCTIONS

This completed affidavit must be submitted to the Bureau of Occupational Licenses. All changes requested will appear on your next license. If your license has been issued and you wish to receive a new license bearing the requested change(s), you are required to return this form with your current license(s) and a \$10.00 (\$25.00 for Real Estate Appraisers) fee.

I _____, affirm that I am the legal and lawful
Print or type full name of licensee

owner of license, certificate, or permit number _____ and hereby request a change or correction in
complete license number

the official public record. Please change my ☐ Name and/or ☐ Address as noted below.


My name (print/type) exactly as it appears on my license: _____

My name (print/type) exactly as I wish it to appear: _____


I am enclosing as authorization for said change, a CERTIFIED copy of (one of the following):


☐ Marriage License ☐ Divorce Decree ☐ Court document noting change

NOTE: A social security card or birth certificate is acceptable for spelling corrections only.

Enter your address exactly as it appears on your license:  _____
(This is a public record address and appears on
your license. If you wish to change your mailing
address only, enter ONLY your new mailing address
below. Your license will still bear the address that
currently appears on your license.) _____

Both sections below must be completed if you wish to change BOTH your mailing address and your Address of Record.

My new mailing address: 

My new Address of Record: 

**Please add your e-mail address if we may contact you electronically: _____

Signature of Licensee

Date